



## BUSINESS USE CERTIFICATION & DETERMINATION

**Applicant Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Applicant Phone Number:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Description of Proposed Use:** \_\_\_\_\_

**Physical Address of Use:** \_\_\_\_\_

**Previous Use of this Location, if any:** \_\_\_\_\_

**Approximate Square Footage of Business Use:** \_\_\_\_\_

☐ Commercial Business

☐ Home Occupation

\*\*\*\*\*

### For Commercial Business Only:

Will business be located in an existing space? Y / N      A new space? Y / N

Is **any work of any type** proposed prior to opening the business? Y / N

Have required Building, Plumbing, Mechanical and Electrical permits been obtained? Y / N

Is any signage proposed? Y / N \*If yes, a sign permit is required\*

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### For Home Occupations Only:

Applicant has read Chapter 4.1.2 & 4.1.6(5)? Y / N

Is business located entirely within dwelling? Y / N

Is business less than 25% of the total floor area of the principal structure? Y / N

Is the structure at the above address your primary residence? Y / N

Will customers be coming to this property? Y / N

Will you have more than one employee or pupil at this location at one time? Y / N

Will the business require equipment or vehicles? Y / N

If business equipment or vehicles required, where will they be stored/parked when not in use?

Explain \_\_\_\_\_

\*\*\*\*\*

Inaccurate or incomplete applications may be denied.

### Building and Neighborhood Services Department Determination: Do not write below this line.

Current Zoning? \_\_\_\_\_ Business Classification? \_\_\_\_\_

County Health inspection required? Y / N      Recorded? Y / N

Zoning Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Application is approved. \_\_\_\_\_

☐ Application is **NOT** approved. \_\_\_\_\_

Building Official: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Application is approved. \_\_\_\_\_

☐ Application is **NOT** approved. \_\_\_\_\_